

Case Number:	CM14-0084200		
Date Assigned:	07/21/2014	Date of Injury:	10/09/2000
Decision Date:	08/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50-year-old female who was reportedly injured on October 9, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 14, 2014 indicates that there are ongoing complaints of neck pain. The physical examination demonstrated what a function to be 5/5, a decreased in cervical spine range of motion with decreased sensation the right upper extremity. Deep tissue reflexes are noted to be intact. Diagnostic imaging studies objectified a cervical disc lesion that led to the cervical fusion completed. The repeat magnetic resonance imaging noted multiple level disc bulges, a solid fusion at C5-C6, with osteophytic changes noted at C4-C5. Also noted was a lumbar disc lesion. Electrodiagnostic testing was reportedly negative for radiculopathy. Previous treatment includes surgical intervention, multiple medications, physical therapy. A request was made for surgical removal of instrumentation and anterior cervical fusion and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Remove Plate (C3 - C4, C4 -C5) Anterior Fusion (C3 - C4, C4 -C5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines; Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back, Procedure Summary (Last Updated 4/14/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cervical and Thoracic Spine Disorders, Clinical Measures (Electronically Cited).

Decision rationale: It is noted that the injured employee has undergone a cervical fusion procedure at multiple levels with instrumentation. The most recent magnetic resonance image noted several levels of minimal disc bulging with foraminal stenosis without evidence of specific nerve root encroachment. Furthermore, the electrodiagnostic assessment failed to objectify any verifiable radiculopathy and the physical examination noted a slight decrease in sensation but deep can reflexes to be intact. As outlined in the American College of Occupational and Environmental Medicine guidelines there were compression with significant radiculopathy needs to be objectified. Based on the data presented there is no objectification of this parameter. Therefore, the medical necessity is not been established.

1 - 2 Day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment in Workers' Compensation (ODG-TWC), Neck & Upper Back, Procedure Summary (Last Updated 4/14/14); Hospital Length of Stay (LOS) Guidelines, Discectomy/Corpectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Cervical and Thoracic Spine Disorders, Clinical Measures (Electronically Cited).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.